

DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)

MONITORING OF SIDE EFFECTS SCALE (MOSES)

INSTRUCTIONS: See other side. **Bold items below are usually observable.**
Regular print items are usually client verbalization, staff input, or chart review.

SCORING: See other side for details.

0 = None 2 = Mild 4 = Severe
1 = Minimal 3 = Moderate NA = Not Assessable

NAME	ID OR UNIT
EXAMINER SIGNATURE	DATE
EXAMINER NAME AND TITLE	
EXAMINATION TYPE: CHECK ONE.	
<input type="checkbox"/> Admission	<input type="checkbox"/> Drug initiation
<input type="checkbox"/> Baseline	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Six-month	

Ears/Eyes/Head 01. Blink Rate: Decreased 0 1 2 3 4 NA 02. Eyes: Rapid Vert/Horz 0 1 2 3 4 NA 03. Eyes: Rolled Up 0 1 2 3 4 NA 04. Face: No Expression/Masked 0 1 2 3 4 NA 05. Tics/Grimace 0 1 2 3 4 NA 06. blurred/double vision 0 1 2 3 4 NA 07. ear ringing 0 1 2 3 4 NA 08. headache 0 1 2 3 4 NA Mouth 09. Drooling/Pooling 0 1 2 3 4 NA 10. Dry Mouth 0 1 2 3 4 NA 11. Gum Growth 0 1 2 3 4 NA 12. Mouth/Tongue Movement 0 1 2 3 4 NA 13. Speech: Slurred/Difficult/Slow 0 1 2 3 4 NA Nose/Throat/Chest 14. Breast: Discharge 0 1 2 3 4 NA 15. Breast: Swelling 0 1 2 3 4 NA 16. Labored Breathing 0 1 2 3 4 NA 17. Nasal Congestion/Runny Nose 0 1 2 3 4 NA 18. Sore Throat/Redness 0 1 2 3 4 NA 19. Swallowing: Difficult 0 1 2 3 4 NA Gastrointestinal 20. abdominal pain 0 1 2 3 4 NA 21. appetite: decreased 0 1 2 3 4 NA 22. appetite: increased 0 1 2 3 4 NA 23. constipation 0 1 2 3 4 NA 24. diarrhea 0 1 2 3 4 NA 25. flatulence 0 1 2 3 4 NA 26. nausea/vomiting 0 1 2 3 4 NA 27. taste abnormality: metallic, etc. 0 1 2 3 4 NA 28. thirst: Increased 0 1 2 3 4 NA 29. weight: decreased 0 1 2 3 4 NA 30. weight: increased 0 1 2 3 4 NA	Musculoskeletal/Neurological 31. Arm swing: Decreased 0 1 2 3 4 NA 32. Contortions/neck - back arching 0 1 2 3 4 NA 33. Gait: Imbalance/unsteady 0 1 2 3 4 NA 34. Gait: Shuffling 0 1 2 3 4 NA 35. Limb jerking/writhing 0 1 2 3 4 NA 36. Movement: Slowed/lack of 0 1 2 3 4 NA 37. Pill rolling 0 1 2 3 4 NA 38. Restlessness/pacing/can't sit still 0 1 2 3 4 NA 39. Rigidity/complaints of muscle pain or aches 0 1 2 3 4 NA 40. Tremor/shakiness 0 1 2 3 4 NA 41. complaints of jitteriness/jumpiness/nervousness 0 1 2 3 4 NA 42. fainting/dizziness/Upon standing 0 1 2 3 4 NA 43. seizures: increased 0 1 2 3 4 NA 44. tingling/numbness 0 1 2 3 4 NA 45. weakness/fatigue 0 1 2 3 4 NA Skin 46. Acne 0 1 2 3 4 NA 47. Bruising: Easy/Pronounced 0 1 2 3 4 NA 48. Color: Blue/Coldness 0 1 2 3 4 NA 49. Color: Flushing/Warm to Touch 0 1 2 3 4 NA 50. Color: Pale/Pallor 0 1 2 3 4 NA 51. Color: Red/Sunburn/Photosensitivity 0 1 2 3 4 NA 52. Color: Yellow 0 1 2 3 4 NA 53. Dry/itchy 0 1 2 3 4 NA 54. Edema 0 1 2 3 4 NA 55. Hair: Abnormal Growth 0 1 2 3 4 NA 56. Hair: Loss 0 1 2 3 4 NA 57. Rash/Hives 0 1 2 3 4 NA 58. Sweating: Deceased 0 1 2 3 4 NA 59. Sweating: Increased 0 1 2 3 4 NA 60. chills 0 1 2 3 4 NA	While many of the items in the following two areas are often difficult to determine, please be aware they may occur depending on the specific drug profile. Be certain to inquire about these items from the client if he or she is verbal or from the staff or chart if the client is nonverbal. If seen or reported: circle item and assign a score next to the item. Urinary/Genital 61. menstruation: absent/irregular 62. sexual: activity decreased 63. sexual: activity increased 64. sexual: continual erection 65. sexual: erection inability 66. sexual: orgasm difficult 67. urinary retention 68. urination: decreased 69. urination: difficult/painful 70. urination: incontinence/nocturnal enuresis 71. urination: increased Psychological 72. Agitation 0 1 2 3 4 NA 73. Confusion 0 1 2 3 4 NA 74. Crying/feelings of sadness 0 1 2 3 4 NA 75. Drowsiness/Lethargy/Sedation 0 1 2 3 4 NA 76. Irritability 0 1 2 3 4 NA 77. Withdrawn 0 1 2 3 4 NA 78. attention/concentration difficulty 79. morning "hangover" 80. nightmares/vivid dreams 81. perceptual: hallucinations/delusions 82. sleep: excessive 83. sleep: insomnia				
OTHER (USE OTHER SIDE IF NEEDED)		MEASURES (MAY USE MOST RECENT MONTHLY CHECK) <table border="1"> <tr> <td>BLOOD PRESSURE</td> <td>PULSE</td> </tr> <tr> <td>TEMPERATURE</td> <td>WEIGHT</td> </tr> </table>	BLOOD PRESSURE	PULSE	TEMPERATURE	WEIGHT
BLOOD PRESSURE	PULSE					
TEMPERATURE	WEIGHT					

Current Psychopharmacologic and Antiepileptic Drug Regimen. Also list other relevant drugs such as those prescribed to treat side effects. It is not necessary to list the entire drug regimen.

DRUG	MG/DAY	DRUG	MG/DAY

EXAMINER COMMENTS (CROSS-REFERENCE CHART LOCATION IF MORE SPACE IS NEEDED):	<div> PRESCRIBER REVIEW CONCLUSION (CHECK ONE OR MORE) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> No action necessary <input type="checkbox"/> Contra-active/auxiliary drug <input type="checkbox"/> Dose reduction <input type="checkbox"/> Drug change </div> <div> <input type="checkbox"/> Drug discontinuation <input type="checkbox"/> Drug hold <input type="checkbox"/> Lab or other tests/data <input type="checkbox"/> Other (specify below) </div> </div> <div style="margin-top: 10px;"> COMMENTS (CROSS-REFERENCE CHART LOCATION IF MORE SPACE IS NEEDED): </div> </div>
	<div style="display: flex; justify-content: space-between;"> <div style="width: 70%;">PRESCRIBER SIGNATURE</div> <div style="width: 30%;">DATE OF REVIEW</div> </div>

<div>INSTRUCTIONS:</div> <ol style="list-style-type: none"> 1. Explain the purpose of the examination. Observe and examine the client for five - 15 minutes in a quiet area. 2. Perform procedures to ascertain items. For example, flex arm for rigidity, open mouth to check throat and saliva, observe arm swing while walking, etc. If the client is verbal, inquire as to problems. For example, for blurred vision ask, "Are you able to see and read all right?" If not, "Describe this to me." Ask at least one open-ended question such as, "Have you noticed any problems?" Talk to staff and review available data for items unable to be observed during the examination such as eating or sleeping, especially for non-verbal individuals. 3. If a sign or symptom is present, it is scored. This does not mean the clinical manifestation (CM) is a side effect. If a reason for the CM exists, explain in Examiner Comments (or cross-reference prior explanation). For example, severe tremor is scored, but is part of Parkinson's disease. 4. Provide the assessment to the prescriber for review and signature. If an issue of concern is present, immediately contact the prescriber and document. 5. The prescriber reviews the assessment, determines any further action, and signs form. 6. File in client chart according to facility procedure. Review at next scheduled team meeting and document status. 	<div>SCORING:</div> <p>0 - NOT PRESENT: Not observed or, if seen, within the range of normal.</p> <p>1 - MINIMAL: Difficult to detect or easy to detect but occurs only once or twice in a short non-intense manner ("a little bit"). Questionable if the item is in the upper range of normal. The client does not notice or comment on the item.</p> <p>2 - MILD: Infrequent and easy to detect ("sometimes") or an annoyance to the client. While the item does not hinder the client's normal pretreatment functioning level and does not produce extreme discomfort, the item may progress to future severity or problems if ignored.</p> <p>3 - MODERATE: Frequent and easy to detect ("a lot") or producing some degree of impairment to functioning. Although not hazardous to health, the item is uncomfortable or embarrassing to the client.</p> <p>4 - SEVERE: Almost continuous, intense, and easy to detect ("all the time") or significant impairment of functioning or incapacitation. The item produces a definite hazard to health or well-being.</p> <p>NA - NOT ASSESSED: An assessment for an item is not able to be made.</p>
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